



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

INFORMATIONAL LETTER NO.1505

DATE: May 6, 2015

TO: Iowa Medicaid Psychiatric Medical Institutions for Children (PMIC), Skilled Nursing Facilities, Nursing Facilities, ICF/ID and Mental Hospitals

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Clarification on Exception to Policy (ETP) Rules and Procedures

EFFECTIVE: Immediately

There are certain unique and exceptional circumstances when DHS approves an ETP as defined by the rules under 441-1.8(2) and allows members to be placed in out-of-state facilities for medically necessary services.

The two main types of ETP approvals typically requested for out of state facilities are:

1. Room and board for inpatient stays.
2. External services such as routine, specialty, or urgent medical care that is not available at the facility.

The IME wishes to clarify specific rules and procedures relating to these exceptional situations.

When a third-party resource for services exists, the resource must be billed by the rendering or treating provider of service before the Medicaid program makes any payments.

Before services are provided, providers should verify eligibility via the Eligibility and Verification Information System (ELVS) to find out if a Medicaid member has a third party resource available. To verify coverage:

- Call 1-800-338-7752 or locally in the Des Moines area at 515-323-9639 or
- Access the [Web Portal](#)¹

When the provider of the external service is enrolled with Iowa Medicaid, that provider **must** bill Iowa Medicaid directly for payment. ETPs are approved for out of state facilities to be reimbursed for external services provided to a member when the treating or rendering provider is **not** enrolled in Iowa Medicaid and does not wish to enroll. When a facility requests an ETP for reimbursement of external services due to the actual provider not being enrolled with Iowa Medicaid, the facility must attest that the actual provider is not enrolled and does

¹ <https://ime-ediss5010.noridian.com/iowaxchange5010/LogonDisplay.do>

not wish to enroll. Provider participation with Iowa Medicaid may be determined through the [Provider Search](#)² web page.

Rendering providers must accept Iowa Medicaid payment as payment in full and may not bill the recipient for any amounts above the Iowa Medicaid payment, as provided under 441 IAC 79.6(2) and 42 CFR 447.15. Any payment by Iowa Medicaid shall be consistent with existing Iowa Medicaid fee schedules and other applicable payment methodologies.

All other applicable Iowa and Federal Medicaid policy apply. Please refer to [Informational Letter 1369](#)³ for additional instructions on submitting approved ETP claims.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, or locally in Des Moines at 515-256-4609 or email imeproviderservices@dhs.state.ia.us.

² <https://secureapp.dhs.state.ia.us/providersearche>

³

<http://dhs.iowa.gov/sites/default/files/1369%20Submission%20of%20Approved%20Exception%20to%20Policy%20Requests.pdf>